

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10713836**

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		7				
14	1					
15		1				
16		1				
17		1				
18		1				
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20		1				
21	1					
22		1				
23	1					
24		1				
25		2				
26		2				
27		0				
28		0				
29	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	32					
TOTAL CLAIMS	38					

  

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